

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006186

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 21

FILED VS FEB 28 1961

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u> Length of stay in 1b <u>8 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY OR TOWN <u>Richmond,</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>East Main Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Tom</u> Middle <u>Cochran</u> Last <u>Cochran</u>			<b>4. DATE OF DEATH</b> Month <u>February</u> Day <u>12,</u> Year <u>1961</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-11-1876</u>	<b>9. AGE (last birthday)</b> <u>85</u>	<b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>1</u>	<b>IF UNDER 24 HR</b> Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Poultry raiser</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u></u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>New Shanmick, Pa.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>William Cochran</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret MacFarland</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deborah (Dodge) Cochran</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT</b> Address <u>Michigan</u> <u>Mrs. William Stewart, Battle Creek</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour <u></u> a.m. <u></u> p.m. Month, Day, Year <u></u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <u>Ray</u> <b>STATE</b> <u>Missouri</u>			
<b>21. I attended the deceased from</b> <u>9-29-60</u> to <u>2-12-61</u> and last saw her/him alive on <u>2-12-61</u> Death occurred at <u>8:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Thomas B. Carter M.D.</u>			<b>22b. ADDRESS</b> <u>Richmond Mo.</u>		<b>22c. DATE SIGNED</b> <u>2-15-61</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>2-15-1961</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>South Point Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Ray County, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Thomas J. Carter, Richmond, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>2-20-1961</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Malcol Jackson</u>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.